

MONTANA NATURAL RESOURCES YOUTH CAMP 2008

c/o Montana State University Extension Forestry
The University of Montana
Missoula, MT 59812

Dear interested camper,

Thank you for your interest in the Montana Natural Resources Youth Camp. Enclosed you will find a full application which should be completed and returned with a \$75.00 deposit to:

Montana Natural Resource Youth Camp
Martin Twer
MSU Extension Forestry
32 Campus Drive MS 0606
Missoula, MT 59812-0606
Phone: 406-243-2773
Fax: 406-243-4715
Email: martin.twer@cfc.umt.edu

Please take time to read the application fully and accurately fill it out, and get all of the parent or guardian signatures required. Also please understand that each camper will be required to provide their own health insurance. The application should be sent back as soon as possible since there are only 40 positions available. Qualified campers are accepted based upon when we get the application in. The camp can fill up early, so don't delay.

The staff who organize this camp are very proud of the educational opportunity it provides to High School age youth in Montana. The instructors are all volunteers from the public and private sectors of natural resource management who offer campers a unique opportunity to see the real world applications of what they have been learning in school.

If you have any questions about the camp feel free to call me at: (406)243-2773, or you can reach me via email at: martin.twer@cfc.umt.edu.

Sincerely Yours,

Martin Twer
MNRYC Camp Coordinator

DEADLINE - May 30th 2008**THE MONTANA NATURAL RESOURCES YOUTH CAMP APPLICATION**

1. NAME _____ TEL _____ AGE _____
(please print or type)

ADDRESS: _____
(street) (city) (state) (zip)

MAILING ADDRESS IF DIFFERENT: _____

BIRTH DATE: _____ MALE or FEMALE (circle)
(mm/day/yr)

FOR YOUTH AGES 14-18 (state your age) _____

E-mail: _____

2. CAMPER RESPONSIBILITIES:

If I am permitted to attend the Montana Natural Resources Youth Camp, I agree to cooperate fully with the camp director, instructors, and camp staff. I will take advantage of all reasonable opportunities afforded me to promote the conservation of natural resources in my own community, after I return home. I have read and accept the camp rules. I understand that violation of these rules is grounds for dismissal.

***** - Camp fees cannot be refunded after one month prior to camp.** I will notify the coordinators of the camp if it will be impossible for me to attend.

APPLICANT'S SIGNATURE _____ DATE _____

3. PARENTAL PERMISSION:

I hereby grant _____ permission to attend the Montana Natural Resources Youth Camp, and release the camp coordinators, instructors, staff, employees, and sponsors of the camp from any liability connected with his/her attendance.

- I understand that each camper is required to be covered by health or accident insurance that is provided by their family or guardians. The Montana Natural Resources Youth Camp does not provide health or accident insurance coverage.
- Due to liability all forms must be completed and signed. Please double-check your application before sending it in.
- I have read the camp rules and understand that violation of them is grounds for dismissal of my son or daughter and forfeiture of fees.

PARENT OR GUARDIAN'S SIGNATURE _____ DATE _____

4. CAMP REGISTRATION FEE: (MAKE CHECKS PAYABLE TO MNRYC)

Enclose a \$75.00 deposit, which covers only part of the cost of lodging, meals, camp activities, and educational materials for the camp period. (Full cost is \$175.00). It is your responsibility to seek out sponsorship(s) in your local community (such as conservation district or other organizations and agencies). If local sponsorship is not available please contact (406)243-2775, or you can reach me via email at: martin.twer@cfc.umt.edu, so we may assist you in finding a sponsor.

Please write the words “camp fees” on the memo line of your check.

Name of Sponsor, if any _____

(It is highly recommended that campers give a formal report to their sponsor after returning from camp.)

Montana Natural Resources Youth Camp Sponsorships

The camp fee of \$175 is required for each camp participant. Although campers are welcome to pay for the entire fee on their own, they may also seek sponsorships from a variety of agencies and organizations. A sponsorship usually consists of a \$100 stipend awarded to a camper and mailed directly to the Camp Director. **Note: make sure sponsor uses the words “camp fees” on the memo line. Do not use the words “scholarship” or “sponsorship”.** Stipend amounts may vary by organization, area, and year and have traditionally ranged from \$25 to \$175. Past sponsors have been:

Conservation Districts (*For a directory go to: <http://www.dnrc.mt.gov/cardd/camps/nrc/default.asp>*)
The Montana Stock Growers Association
The Rocky Mountain Elk Foundation
The Montana Tree Farm System
The Montana Society of American Foresters
Montana Association of State Grazing Districts
Local wood products industry (sawmills, post and pole producers, lumber yards)
USDA Forest Service employee organizations (Check with your local National Forest District)
Other local businesses such as hardware stores, implement dealers, car dealerships

A letter of support and legitimacy for a sponsorship may be obtained from The Camp Director.

The \$175 fee covers approximately 50% of the cost per student. The other half is covered by larger grants from a variety of agencies and non-government organizations and industries that are obtained by the MNRYC board of directors on an annual basis.

5. CAMPER'S NATURAL RESOURCE BACKGROUND:

A. What natural resources experiences have you had? (Camping, farming, fishing, hiking, etc.)

B. What are your favorite hobbies and activities?

C. What is one new natural resources activity you would like to experience?

D. What would you like to learn about natural resources while at camp?

6. Do you play an instrument or have any musical skills?

(If you do, you are encouraged to bring your instrument to camp.)

7. How did you find out about this camp? _____

8. In what newspapers would your family like to see an article about camp written?

Applications and camp fees should be sent to:

**Montana Natural Resource Youth Camp
Martin Twer
MSU Extension Forestry
32 Campus Drive MS 0606
Missoula, MT 59812-0606
Phone: 406-243-2773
Fax: 406-243-4715
Email: martin.twer@cfc.umt.edu**

9. RECOMMENDATION:

Please use one of the following: 4-H leader, teacher, county extension agent, Soil Conservation District employee, forester or other natural resources professional. Have them fill in the information below.

I recommend that _____
(applicant's name)

be accepted to attend the Montana Natural Resources Youth Camp.

LETTER OF RECOMMENDATION

(Please tell us why you feel that this person will benefit from this camping experience, if you feel they will participate fully in this program, and describe their behavior in group situations. Please discuss their ability to relate to others, attitudes, and the way they handle responsibility, as well as any other pertinent information you can give us. Please use the back of this sheet as well.)

SIGNED _____ TITLE _____

COMPANY, AGENCY OR ORGANIZATION _____

ADDRESS _____

PHONE NUMBERS _____
(Work) (Home)

Return recommendation to:

**Montana Natural Resource Youth Camp
Martin Twer
MSU Extension Forestry
32 Campus Drive MS 0606
Missoula, MT 59812-0606
Phone: 406-243-2773
Fax: 406-243-4715
Email: martin.twer@cfc.umt.edu**

CAMPERS'S HEALTH FORM

MONTANA NATURAL RESOURCES YOUTH CAMP

Forms Packet — All of the following information must be completed for your child to attend camp

DATE _____

NAME _____

ADDRESS _____

TOWN _____ ZIP _____

BIRTH DATE _____

SOCIAL SECURITY NUMBER _____

MALE _____ FEMALE _____

HOME PHONE _____

PARENT OR GUARDIAN _____

ADDRESS _____

FAMILY PHYSICIAN _____

ADDRESS AND PHONE _____

(BELOW: PERSON TO CONTACT IF FAMILY CAN'T BE REACHED)

NAME _____

PHONE _____

MEDICAL INSURANCE COVERAGE _____

POLICY # _____

MNRYC - MEDICAL HISTORY FORM

1. Do you have any physical complaints or chronic illness at this time? _____

If so, what? _____

2. Are you under the care of a doctor of any sort? _____

If so, for what? _____

3. Are you taking medicines of any type? _____

If so, what? _____

In what dosage? _____

4. Do you have or have you had? Diabetes ____, Asthma ____, Allergies ____?

If so, what are you taking? _____

5. Do you have any allergies to Food or Medications? _____

6. Do you have any other allergies? _____

7. Special dietary needs? Yes ____ No ____ Explain: _____

8. Do you wear MedicAlert tags? _____ Where? _____

9. Date of Last Tetanus shot: _____

10. *I give my child permission if needed (under supervision of the camp nurse/EMT) to take simple medications such as Tylenol, Advil, Ibuprofen, antacids, antihistamines, cough syrup, cough drops, etc. (as per label instructions).*

Yes ____ No ____ Special conditions _____

If your child regularly takes any of these please have them bring there own.

I am of the opinion that the above named camper can safely participate in this event and that he or she has no contagious or communicable disease. His or her health is _____ (poor, fair, or good).

I hereby give my consent for the above named person to attend this event. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the staff to hospitalize and secure proper treatment (including emergency surgery) for my child. In case of minor emergency, I hereby give permission for the camp nurse or EMT to administer first aid.

Date

Signature of Parent or Guardian

CODE OF CONDUCT AGREEMENT

I, _____ understand the basic rules for participation in the Montana Natural Resources Youth Camp and agree to:

**** Participate fully in the program.

**** Be responsible for my own behavior and uphold exemplary standards for the group.

**** Abide by the basic rules for living at the camp.

**** Leave the camp facility in as good or better condition than I found it.

**** Support and abide by the camp staff's leadership.

**** Refrain from using tobacco, alcoholic beverages, illegal drugs, or fire-works.

(Camper's Signature)

Concurrence by Parents or Guardians

I understand the above agreement and will support my son/daughter and the camp coordinator or adult advisors in carrying it out.

(Date)

(Parent/Guardian Signature)

TRAVEL FORM

ARRIVAL:

Our son/daughter will be arriving by: car ____ bus ____ airplane ____ other

If your son or daughter is traveling by bus or airplane, we will have someone meet them at the airport or bus terminal **if we have their schedule**. Please confirm with camp staff, Martin Twer at 406-243-2775 at least 10 days prior to camp.

If arriving by car who will be the driver of the car? _____

If your son / daughter is driving a vehicle to camp they will be required to give the ignition keys to the Youth Director and will not be able to use the vehicle for the duration of the camp.

If arriving by either bus or airplane to Missoula, please list the company or airline _____

Flight or bus number _____

Date and arrival time in Missoula _____

DEPARTURE:

Our son/daughter will be leaving from the camp by: car ____ bus ____ airplane ____ other

If leaving by car, who will be the driver of the car? _____

If leaving by either bus or airplane from Missoula, please list the company or airline

Flight or bus number _____

Date and departure time from Missoula _____

We understand that these instructions will be followed in getting my son or daughter to and from camp. Unless, we inform the camp coordinator of our permission for any change, our youngster will be expected to follow the instructions above.

(Date)

(Parent's or Guardian's Signature)

CAMP RULES

The staff of the Montana Natural Resources Youth Camp and Lubrecht Experimental Forest wants your week to be filled with exciting experiences, new friendships and fun. To help make this happen, they expect each camper to be considerate of others, participate fully in the camp program and observe the following rules.

The camp rules are intended to assist in providing for the health, safety and social well being of everyone attending camp. If a situation or question arises which is not clearly covered by this list: ask the Camp Coordinators **before acting**.

Fireworks, firearms, illegal drugs, tobacco and intoxicants of any kind are not permitted.

If necessary to drive your personal car to camp, it is to remain parked during the camping period.

Obtain the Camp Coordinator's permission before leaving camp for any purpose.

Respect the camp facilities and natural surroundings — do not deface or destroy them in any way. Deposit your litter in the containers provided.

RESPECT OTHERS' PRIVACY. BOYS ARE NOT PERMITTED IN GIRLS' CABINS, NOR ARE THE GIRLS PERMITTED IN BOYS' CABINS.

Attendance at instructional sessions and scheduled activities is required — be prompt.

Swim or engage in water sports only when a member of the camp staff is present. Wear life jackets when rafting or canoeing. Fish only if you have a valid Montana Fishing License.

Violation of any of these rules is grounds for dismissal of individuals or groups and forfeiture of camp fees. Parents will be promptly notified along with the person recommending the camper. Individuals so dismissed must call their parent or guardian and arrange transportation home.

It is not possible to anticipate every possible situation that might come up. In the absence of a rule regarding a specific activity or situation — **COMMON SENSE PREVAILS**.

***** CAMPERS — KEEP THIS FORM AND BRING IT TO CAMP *****

MONTANA NATURAL RESOURCES YOUTH CAMP

WHERE: At Lubrecht Experimental Forest, approximately 35 miles east of Missoula, on Highway 200.

WHEN: Campers should arrive between 3 and 4 p.m. on Sunday. They should be registered and settled into their cabins prior to 4:30 p.m. They should be on time in attending the camp orientation session at 4:30 p.m. The first meal will be at 5:30 p.m. on Sunday.

Campers are to be picked up at 5 p.m. on Friday, after the slide show. **Parents are encouraged to attend the slide show presentation which is the capstone of our week at camp.** The last meal will be a lunch on Friday at 5:00 p.m.

WHAT TO BRING TO CAMP: Bring your own bedding and other personal articles. Comfortable outdoor clothing and toilet articles, including towels, are necessary. Swimsuit, camera, flashlight, rain gear, warm clothing and shoes suitable for hiking are desirable. There will be some activities in the water so wading shoes may be in order. Mornings are often cold at Lubrecht, even during the summer so please bring some warm clothes. If you bring a car you will be requested to leave it parked during the camp.

List of materials needed for camp

Sleeping bag or bedding	Pillow	Backpack
Hiking boots	Rain gear	
Extra shoes	Towels, soap, shampoo	
Swimsuit	Shoes suitable for wading	
Toothpaste etc.	Cap or hat	
Insect repellent	Warm jacket (nights are cool)	
Sunscreen	Water bottle or mug	
Flashlight	Alarm clock	

Optional Equipment

Camera	Binoculars
Compass	Baseball glove
Musical instruments	Hand lens

DO NOT BRING

Jewelry
Portable stereos
CD players, etc.

ALCOHOL, DRUGS, GUNS, TOBACCO, AND FIREWORKS ARE PROHIBITED

Live music is encouraged and welcome at campfires and free time. Recorded music (tapes, cd's, etc.) will not be allowed, so that other aspects of living in a camp setting can be enjoyed.

KEEP THIS FORM — BRING IT TO CAMP WITH YOU

Dear Parents,

The MNRYC will have an **on-site Emergency Medical Technician** for this year's Montana Natural Resources Camp. He/She will be a Nationally Registered EMT. During this camp, they will be operating independently of any company, but will have arranged to have all supplies available in the event of an accident or illness. We can assure you that your child's safety will be of utmost importance throughout the camp and that we anticipate a safe and fun experience for everyone involved.

In addition to the medical release form, we will need some basic medical information for each camper. We would appreciate your completion of the form below. Please make sure your child has enough of his or her medications to last the whole camp.

Once again, we anticipate a very safe camp and welcome any questions you may have.

Sincerely,

The Montana Natural Resources Youth Camp

Participant's Name _____ Date of Birth _____ Age _____

Emergency Contact _____ Contact Phone _____

Family Doctor _____ Doctor's Phone _____

Allergies and Previous Reactions _____

Medical Conditions _____

Medication	Reason taking	Dose	Doses per day	Time of dose(s)	Prescribing doctor	Noted side effects

Release from Responsibility and Assumption of Risk and Power to Authorize Medical Treatment

It being my intention to participate in the Montana Natural Resources Youth Camp and it being known and understood by me that said participation shall necessarily involve exposure to risks to my person and my property incident to travel and program activities, I do hereby assume the full responsibility for any such risks and do hereby waive any right to any claim against the Montana Natural Resources Youth Camp or any of its employees or agents for any injury, loss, damage, accident, delay or expense result from any act or omission of any carrier, government, private legal entity, or third person. I also assume sole responsibility for and agree to indemnify the Montana Natural Resources Youth Camp against any loss due to any financial obligation or liabilities that I may personally incur, or any damages or injury to persons or property that I may cause during the time of my participation in the course.

I further release the Montana Natural Resources Youth Camp from any claims arising from the aggravation of any physical disability or illness not disclosed in my discussions with the Montana Natural Resources Youth Camp and grant the employees and agents of the Montana Natural Resources Youth Camp full authority to take whatever actions they may consider to be warranted under the circumstances regarding my health and safety, and, at their discretion, to place me in any hospital or in the hands of any local doctor for medical treatment at my own expense, or to transport me by any means of conveyance required at my own expense for medical treatment or in the event of my demise.

I understand that camp activities do carry certain risks. I am in good health and to my knowledge I do not have any physical problems which would hamper my participation in said activities. I, the undersigned, being cognizant of the hazards of this course, assume the risks of same and agree to indemnify and hold harmless the Montana Natural Resources Youth Camp and its employees against any and all claims for damage on account of any injury to my person or property.

While on this field course, I am personally responsible for my own health insurance.

Wherefore I have subscribed this document on this the ____ day of _____, 20____.

Participant Name (Please Print)

Parent Signature

Parent Name (Please Print)

Witness to Signature

Witness Name (Please Print)

Model Release

Parental Permission for Minors (under 18 years old)

Every year, the Montana Natural Resources Youth Camp (MNRYC) develops a camp video. Campers receive a copy of the camp video as a keepsake. During educational activities associated with the camp, campers and other participants may be photographed or filmed. This form grants permission to use images of campers for the camp video and other educational and promotional purposes that support the mission of the MNRYC.

I, (please print) _____, give the MNRYC permission to record still and motion images of the minor named below. I understand that these images will be in the public domain, i.e., the rights belong to the community at large, are unprotected by copyright or patent, and are subject to appropriation by anyone. I understand that the MNRYC may store these images for use in any medium in perpetuity.

Signing this form is neither mandatory nor necessary for camp participation. Without this permission, images of campers will not be featured in the camp video or other promotional material.

Parent/Guardian's Name (please print) _____

Minor's Name (please print) _____

Parent/Guardian's Signature _____ Date _____

Address _____

Phone _____ Email _____

PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK

In consideration of Montana River Guides, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "MRG"), I hereby agree to release, indemnify and discharge MRG, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that **whitewater river rafting, canoeing, riverboarding, kayaking, and/or river rescue classes** entail known and unanticipated risks, that could result in serious physical or emotional injury, paralysis, death, or damage to myself, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

These risks include, among other things: whitewater rapids will be encountered; your boat could turn over and/or you could have to swim rapids risking collision with rocks and entanglement in trees; head injuries can occur; you can slip or fall during a hike, resulting in damage to equipment or personal injury; exposure to the natural elements can be uncomfortable and/or harmful; you should be aware that this exposure could cause sunburn, dehydration, heat exhaustion, heat stroke and heat cramps; also prolonged exposure to cold water can result in hypothermia; exposure to potentially dangerous wildlife, insects, plants; and accidental drowning is also a possibility.

Furthermore, MRG employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary and I elect to participate in spite of all the risks.

3. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless MRG from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or use of MRG's equipment or facilities, including any such claims which allege negligent acts or omissions of MRG.

4. Should MRG or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against MRG on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

Signature of Participant _____ Print Name _____

Address: _____

Phone _____ E-Mail _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by MRG to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless MRG from any and all claims which are brought by, or on behalf of Minor, and are in any way connected with such use or participation by Minor.

Parent or Guardian _____ Print name: _____ Date: _____

Montana River Guides reserves the right to use any photographic or film records of this activity for promotion and/or commercial purposes.

MISSOULA OUTDOOR RECREATION & EDUCATION

A Division of

Parks&Recreation

City of Missoula

100 Hickory Street

721 Park

ACKNOWLEDGEMENT OF INHERENT RISKS, WAIVER, RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT FOR MISSOULA OUTDOOR RECREATION EDUCATION (M.O.R.E) PROGRAMS, A DIVISION OF MISSOULA PARKS & RECREATION

PLEASE READ THIS FORM CAREFULLY, and be aware that, in signing up and participating in M.O.R.E. programs, you will be waiving and releasing all claims for injuries, arising out of these programs, that you or the other named participant might sustain. The terms "I", "me", and "my" also refer to parents or guardians as well as participants in the programs. In registering for these programs, you are agreeing as follows:

Outdoor programs are by definition, fraught with risks. A prudent program does all it can to deal in perceived risks and to reduce (but not eliminate) the real risks, by the use of accepted industry safety procedures.

I affirm my understanding of the following about M.O.R.E. programs. I understand that they are conducted in an outdoor setting, and there are natural risks inherent to such programs. These risks include but are not limited to, tripping or falling, having an allergic reaction to plants or insect bites, personal injury or fatality due to nature of activity, injury due to inclement weather or in the case of wilderness trips, suffering any type of accident or illness in remote areas without easy access to medical facilities, or while traveling to and from the activity site. I understand I will be participating as part of a group in activities of varying physical degree and that these endeavors involve strenuous exertion.

I further understand and agree that the terms such as "participation", "programs" and "activities", referred to in the Agreement, include all exercises and physical movements of any nature while I am participating in these programs and further include the provisions of or failure to provide proper instructions of my use of the services, facilities, or premises involved in these programs, and transportation to and from events.

I agree to follow all instructions and guidelines given by them, and to act in a safe and responsible manner toward all participants and the environment. I understand that I am required to disclose any and all medical problems I have that might inhibit my ability to participate in the program of my choice. I further guarantee that I will not be under the influence of drugs or alcohol during the time I am taking part in a M.O.R.E. program.

I fully comprehend and willingly assume the responsibilities and risks of participating in this program, as outlined in the orientation information and incorporate any subsequent instruction into this agreement.

BY SIGNING BELOW, I AGREE TO FULLY ABSOLVE M.O.R.E., MISSOULA PARKS AND RECREATION, CITY OF MISSOULA, ALL ITS EMPLOYEES OR VOLUNTEERS, AND THE UNITED STATES GOVERNMENT, FROM ALL LIABILITY FOR ANY DAMAGES, INJURIES, OR LOSSES WHICH MIGHT BE SUSTAINED WHILE PARTICIPATING IN THIS PROGRAM.

Participant signature

Date

Parent or guardian **MUST** sign if Participant is under the age of 18

Date

PLEASE COMPLETE HEALTH HISTORY AND FIRST AID RELEASE ON BACK OF THIS FORM

Health History (for Parks & Recreation)

NAME: _____ DATE OF BIRTH: _____ M____ F____

COURSE: _____ DATE OF COURSE: _____

WE REQUIRE FULL DISCLOSURE OF YOUR CURRENT HEALTH. THE INFORMATION YOU PROVIDE MAY ASSIST PEOPLE IN THE UNLIKELY EVENT OF AN ACCIDENT. THEREFORE, BEFORE YOU FILL THIS FORM OUT, PLEASE READ IT CAREFULLY. FULL AND ACCURATE COMPLETION OF ALL SECTIONS IS VERY IMPORTANT.

If participating in any Climbing, Ropes Course, or Whitewater activity, for equipment reasons, please provide: Height: _____ Weight: _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

PLEASE LIST ALL INFORMATION REGARDING THE FOLLOWING:

All known allergies: _____ Disabilities: _____

Heart Conditions: _____ Phobias or Fears: _____

Past Injuries/Illnesses/Seizures and Dates: _____

Past Operations and Dates: _____

Current Medications: _____ Do you wear glasses/contact lenses? _____

Please list any other medical information or history that would be important for us to know: _____

IF PARTICIPANT IS UNDER THE AGE OF 18, PARENT/GUARDIAN MUST COMPLETE THE SHADED BOX

Doctor's Name: _____ Doctor's Phone: _____

Doctor's Address: _____

Insurance Policy: _____ Group Number: _____

Blood Type: _____

PERMISSION TO RECEIVE FIRST AID & TO SECURE MEDICAL HELP

I am sufficiently fit to participate in this program. I have completed health history information that is accurate, complete, and true to the best of my knowledge. I agree to notify the program facilitator(s) of any changes to my health and fitness, which may occur before or during the program. Should I become ill or injured, I give permission for the program facilitator(s) to render first aid and to seek emergency medical or rescue services, as they see fit and at my cost.

Signature (If under 18 parent or guardian must sign): _____ Date: _____

Print Name:(last) _____ (first) _____

PLEASE SIGN WAIVER ON FRONT OF THIS FORM TO COMPLETE REGISTRATION